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CONFIRMATION NO. 6754

SERIAL NUMBER 10/661,032	FILING OR 371(c) DATE 09/11/2003 RULE	CLASS 424	GROUP ART UNIT 1618	ATTORNEY DOCKET NO. 57637/1185
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**** CONTINUING DATA *******

This application is a CIP of 10/379,287 03/03/2003
 which claims benefit of 60/440,201 01/15/2003
 and claims benefit of 60/360,821 03/01/2002

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 01/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 58	TOTAL CLAIMS 112	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

35743

TITLE

Multivalent constructs for therapeutic and diagnostic applications

☐ All Fees
☐ 1.16 Fees (Filing)

FILING FEE RECEIVED 3110	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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